

STATE OF NORTH CAROLINA

CERTIFICATION OF VITAL RECORD

DURHAM COUNTY
REGISTER OF DEEDS
DURHAM, NORTH CAROLINANORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
N.C. VITAL RECORDS

CERTIFICATE OF DEATH

STATE FILE NO. 2022001074

DECEDENT TYPE/PRINT IN PERMANENT BLACK, BLUE, BLACK OR BLUE INK	1a. FIRST NAME Patricia		1b. MIDDLE NAME Kay		1c. LAST NAME Key		1d. SUFFIX *****	1e. LAST NAME PRIOR TO FIRST MARRIAGE Key	
	2. SEX Female		3a. AGE LAST BIRTHDAY (Yrs) 80		3b. UNDER 1 YEAR Months Days		3c. UNDER 1 DAY Hours Minutes		4. DATE OF BIRTH 1942
5. BIRTHPLACE (County/State or Foreign Country) Portsmouth (city), VA		6. DATE OF DEATH March 31, 2022							
7a. PLACE OF DEATH Inpatient		7b. FACILITY NAME (If not institution, give street, number, city or town) Duke University Hospital							
7c. COUNTY OF DEATH Durham		8. MARITAL STATUS Currently Married		9. SURVIVING SPOUSE (Give name prior to first marriage) James Franklin Key					
10a. DECEDENT'S USUAL OCCUPATION Secretary		10b. KIND OF BUSINESS/INDUSTRY Education		11. DECEDENT'S SOCIAL SECURITY NUMBER [REDACTED]					
12a. RESIDENCE—STATE OR FOREIGN COUNTRY North Carolina		12b. RESIDENCE—COUNTY Durham		12c. RESIDENCE—CITY OR TOWN Durham					
12d. RESIDENCE—STREET AND NUMBER [REDACTED]		12e. INSIDE CITY LIMITS Yes		12f. ZIP CODE 27705		13. WAS DECEDENT EVER IN U.S. ARMED FORCES? No			
14. DECEDENT'S EDUCATION High School graduate or GED completed		15. DECEDENT OF HISPANIC ORIGIN? Not Spanish/Hispanic/Latino		16. DECEDENT'S RACE White					
FAMILY	17. FATHER/PARENT NAME (First, Middle, Last, Suffix) (Last Name Prior to First Marriage) Leroy F. Key				18. MOTHER/PARENT NAME (First, Middle, Last, Suffix) (Last Name Prior to First Marriage) Mary Alice Salmon				
	19a. INFORMANT'S NAME Patricia Key Key		19b. RELATIONSHIP TO DECEDENT Daughter		19c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 400 Hunt Street Unit 406, Durham, NC 27701				
DISPOSITION	20a. METHOD OF DISPOSITION Cremation		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) Triangle Cremation Services		20c. LOCATION (City or Town and State) Raleigh, North Carolina				
	21a. SIGNATURE OF FUNERAL DIRECTOR Christopher Hatton (Signature Authenticated)		21b. LICENSE NO. FS3372		21c. NAME OF EMBALMER		21d. LICENSE NO.		
22. NAME AND ADDRESS OF FUNERAL HOME Cremation Society Of The Carolinas, 2205 E Millbrook Rd #101, Raleigh, NC 27604									
MEDICAL CERTIFICATION	23. PART I. Enter the <u>cause of events</u> (diseases, injuries or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology on lines b, c and/or d. Enter only one cause on a line. DO NOT ABBREVIATE.								Approximate Interval Onset to death for IMMEDIATE CAUSE seconds
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cardiopulmonary Arrest Due to (or as a consequence of) b. Acute Hypoxic Respiratory Failure Due to (or as a consequence of) c. Septic Shock Due to (or as a consequence of) d. Bacterial Pneumonia Due to (or as a consequence of)								days days weeks
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. Cytomegalovirus Viremia, Diffuse Large B Cell Lymphoma									
MEDICAL EXAMINER ONLY	25. MANNER OF DEATH Natural		26. WAS CASE REFERRED TO MEDICAL EXAMINER? No		27. TIME OF DEATH (Approximate) 02:22 PM		28. DID TOBACCO USE CONTRIBUTE TO DEATH? No		29. PREGNANCY STATUS, IF APPLIES: Not Applicable
	30. DATE PRONOUNCED 03/31/2022		31a. DATE OF INJURY		31b. TIME OF INJURY		31c. INJURY AT WORK?		31d. PLACE OF INJURY
31e. IF TRANSPORTATION INJURY SPECIFY:		31f. DESCRIBE HOW INJURY OCCURRED							
31g. LOCATION OF INJURY (Street number/City/State)									
CERTIFIER	32. CERTIFIER I certify that, to the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.								
	33a. SIGNATURE AND TITLE OF CERTIFIER Kristi K Tempio, MD (Signature Authenticated)				33b. LICENSE NO. 2021-01263		33c. DATE SIGNED 04/03/2022		
REGISTRAR	33d. NAME AND ADDRESS OF CERTIFIER Kristi K Tempio, 2301 Erwin Rd, Durham, NC 27710				34. CASE NUMBER 8226082		35. SIGNATURE OF LOCAL REGISTRAR Rosalyn McClain (Signature Authenticated)		
	36. LOCAL FILE DATE 04/12/2022				37. DATE REGISTERED BY STATE 04/12/2022		38. DATE CORRECTED/AMENDED		

DHHS 1472
(REVISED 6/30/2019)
N.C. VITAL RECORDS

0705887

NORTH CAROLINA - Durham County

The foregoing is a true and accurate copy as recorded in the office of the Register of Deeds of Durham County, Durham, N.C.

Witness by my hand and official seal this date of April 13th 2022

SHARON A. DAVIS
Register of Deeds

By:

Law L. Cole
Assistant/Deputy Register of DeedsCSG Vital Records Security Paper
All Rights ReservedTHIS DOCUMENT CONTAINS AN ORIGINAL WATERMARK
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE